Form A	KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM Permit Application	Division of Water

NAME OF FACILITY:	AGENCY USE ONLY
PERMIT NO.:	COUNTY:

Form A consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet.

The Basic Application Information packet is divided into three parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 100,000 gallons per day (0.10 million gallons per day or MGD) must also complete Part B.

The Supplemental Application Information packet is divided into four parts and applicants may also need to complete these if they meet the criteria

BASIC APPLICATION INFORMATION

Part A. Information for All Applicants.

All applicants must complete questions A.1 through A.4. A treatment works that discharges effluent to waters of the Commonwealth must also answer questions A.5 through A.7.

Part B. Additional Information for Applicants with a Design Flow ≥ 100,000 gallons per day (0.10 MGD).

All treatment works that have design flows greater than or equal to 100,000 gallons per day (0.10 MGD) must complete questions B.1 through B.5.

Part C. Certification for All Applicants.

All applicants must complete *Part C. Certification for All Applicants*.

SUPPLEMENTAL APPLICATION INFORMATION

Part D. Expanded Effluent Testing Data.

A treatment works that discharges effluent to waters of the Commonwealth and meets one or more of the following criteria must complete *Part D. Expanded Effluent Testing Data*:

1. Has a design flow rate greater than or equal to 1 MGD,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

Part E. Toxicity Testing Data.

A treatment works that meets one or more of the following criteria must complete *Part E. Toxicity Testing Data*:

1. Has a design flow rate greater than or equal to 1 MGD,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

Part F. Industrial User Discharges.

A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete *Part F. Industrial User Discharges*. SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under the Code of Federal Regulations, 40 CFR 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day (0.025 MGD) or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5% or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

Part G. Combined Sewer Systems.

A treatment works that has a combined sewer system must complete *Part G. Combined Sewer Systems*.

PART A
BASIC APPLICATION INFORMATION PACKET

INFORMATION FOR ALL APPLICANTS. All applicants must complete questions A.1 through A.4

A.1. FACILITY INFORMATION

Name of Facility:

Permit No.:	County:

A.2. COLLECTION SYSTEM INFORMATION

Provide information on municipalities and areas served by the facility.

Name of Municipality or Area Served	Type of Collection System and Percent Contributed by Miles	Ownership (Municipal or Private)	Population Served
	❑ Combined Sanitary & Sewer _____ %		
	❑ Separate Sanitary _____ %		
	❑ Combined Sanitary & Sewer _____ %		
	❑ Separate Sanitary _____ %		
	❑ Combined Sanitary & Sewer _____ %		
	❑ Separate Sanitary _____ %		
		Total population served:	

A.3. FLOW

Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

Design flow rate _____ MGD

	Two Years Ago	Last Year	This Year
Annual average daily flow rate	MGD	MGD	MGD
Maximum daily flow rate	MGD	MGD	MGD

A.4. DISCHARGES AND OTHER DISPOSAL METHODS

a. Does the treatment works discharge effluent to waters of the Commonwealth? Yes ❑ No ❑
If yes, list how many of each of the following types of discharge points the treatment works uses:

i.	Discharges of treated effluent	
ii.	Discharges of untreated or partially treated effluent	
iii.	Combined sewer overflow points	
iv.	Constructed emergency overflows (prior to the headworks)	
v.	Other (specify)	

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the Commonwealth? Yes ❑ No ❑

If yes, provide the following for each surface impoundment:

Location	Annual Average Daily Volume Discharged to Surface Impoundment (MGD)	Type of Discharge
		❑ Continuous ❑ Intermittent
		❑ Continuous ❑ Intermittent
		❑ Continuous ❑ Intermittent
		❑ Continuous ❑ Intermittent

c. Does the treatment works land-apply treated wastewater? Yes ❑ No ❑

If yes, provide the following for each land application site:

Location	Number of Acres	Annual Average Daily Volume Applied to Site (MGD)	Type of Land Application
			❑ Continuous ❑ Intermittent
			❑ Continuous ❑ Intermittent
			❑ Continuous ❑ Intermittent
			❑ Continuous ❑ Intermittent

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

Yes ❑ No ❑

If yes, provide the name and location of the treatment works receiving the wastewater:

WASTEWATER DISCHARGES

If you answered yes to question A.4.a, then complete questions A.5 through A.7 for each outfall through which effluent is discharged.

Do not include information on combined sewer overflows in this section.

If you answered **no** to question A.4.a, then go to *Part B. Additional Information for Applicants with a Design Flow ≥ 100,000 gallons per day (0.10 MGD)*

A.5. DESCRIPTION OF OUTFALL

a.	Outfall Number:	
b.	Outfall Latitude (Decimal Degrees):	Outfall Longitude (Decimal Degrees):
c.	Average Daily Flow Rate: MGD	
d.	Does this outfall have either an intermittent or a periodic discharge? Yes ❑ No ❑ If yes, provide the following information :	
	i. Number of times per year discharge occurs:	
	ii. Average duration of each discharge:	
	iii. Average flow per discharge in million gallons per day:	MGD
	iv. Months in which discharge occurs:	
e.	Is outfall equipped with a diffuser? Yes ❑ No ❑	
f.	Name of receiving water:	

A.6. DESCRIPTION OF TREATMENT

a.	What levels of treatment are provided? Check all that apply.	
	❑ Primary	❑ Secondary
	❑ Advanced	❑ Other (specify):
b.	Indicate the following percent removal rates (as applicable):	
	Design BOD_5 removal **or** Design $CBOD_5$ removal	_____ %
	Design Suspended Solids removal	_____ %
	Design Phosphorus removal	_____ %
	Design Nitrogen removal	_____ %
c.	What type of disinfection is used for the effluent from this outfall? :_____	
	If disinfection varies by season, please describe: _____	
	If disinfection is by chlorination, is dechlorination used for this outfall? Yes ❑ No ❑	

A.7. EFFLUENT TESTING INFORMATION

All applicants that discharge to waters of the Commonwealth must provide effluent testing data for the parameters shown in the table below. Complete once for each outfall discharging effluent to waters of the Commonwealth

Provide the indicated effluent testing results for each outfall through which effluent is discharged.

At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.

Do not include information on combined sewer overflows in this section.

OUTFALL NUMBER _____

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)*		s.u.			
pH (Maximum)*		s.u.			
Flow Rate					
Temperature (Winter)					
Temperature (Summer)					

* For pH, report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			Analytical Method	ML / MDL
	Concentration	Units	Concentration	Units	Number of Samples		
Biochemical Oxygen Demand (BOD_5)*							
or							
Carbonaceous Biochemical Oxygen Demand* ($CBOD_5$)							
Escherichia coli (E. coli)							
Total Suspended Solids (TSS)							

* Report only one: either BOD_5 or $CBOD_5$

END OF PART A.

Refer to the general overview on Page 1 or the instructions to determine which other parts of this form you must complete.

PART B
APPLICATION INFORMATION FOR DESIGN FLOW ≥ 100,000 GPD (0.10 MGD)

ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREAT THAN OR EQUALTO 100,000 GALLONS PER DAY (0.10 MGD):

Applicants with a facility design flow ≥ 100,000 gallons per day (0.10 MGD) must complete questions B.1 through B.5. All others go to Part C.

B.1. INFLOW AND INFILTRATION.

Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration. gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

B.2. TOPOGRAPHIC MAP.

Attach to this application a site location map of the area extending at least one mile beyond facility property boundaries. Provide a topographic map, aerial map, or other map that identifies the site location, and shows the outline of the facility, significant features, and the following information.

You may submit more than one map if one map does not show the entire area.

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. PROCESS FLOW DIAGRAM OR SCHEMATIC.

a. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system.

b. Provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units.

c. Include a brief narrative description of the diagram. _____

B.4. SCHEDULED IMPROVEMENTS AND SCHEDULES OF IMPLEMENTATION.

Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses for each.

If none, go to question B.5.

a. List the number that was assigned in question A.7 for each outfall that is covered by this implementation schedule.

OUTFALL NUMBER _____	OUTFALL NUMBER _____
OUTFALL NUMBER _____	OUTFALL NUMBER _____

b. Are the planned improvements or implementation schedule required by local, State or Federal agencies? Yes ❑ No ❑

If Yes, briefly describe, including new maximum daily inflow rate (if applicable).

c. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Required by Local, State, or Federal agency, or Independent	Schedule MM/DD/YYYY	Actual Completion Date MM/DD/YYYY
Begin construction			
End construction			
Begin discharge			
Attain operational level			

d. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? Yes ❑ No ❑

If Yes, briefly describe.

B.5. EFFLUENT TESTING DATA (For applicants with design flow greater than or equal to 100,000 gallons per day (0.10 mgd) only.)

Applicants that discharge to waters of the Commonwealth must provide effluent testing data for the parameters shown in the table below.

Provide the indicated effluent testing for each outfall through which effluent is discharged. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.

Do not include information on combined sewer overflows in this section.

OUTFALL NUMBER _____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			Analytical Method	ML / MDL
	Concentration	Units	Concentration	Units	Number of Samples		
Ammonia (as N)							
Chlorine (Total Residual, TRC)							
Dissolved Oxygen (DO)							
Total Kjeldahl Nitrogen (TKN)							
Nitrate Plus Nitrite Nitrogen							
Oil and Grease (O&G)							
Phosphorus (Total P)							
Total Dissolved Solids (TDS)							
Other							

END OF PART B.

Refer to the general overview on Page 1 or the instructions to determine which other parts of this form you must complete.

PART C
CERTIFICATION FOR ALL APPLICANTS

CERTIFICATION. All applicants must complete Part C. Refer to instructions to determine who is an officer for the purposes of signing this certification.

Indicate below which parts of Form A you completed and are submitting.

By signing this certification statement, applicants confirm that they have reviewed Form A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of FORM A you have completed and are submitting.

Basic Application Information packet. Check all that apply.

- ❑ Part A. Information for All Applicants.
- ❑ Part B. Additional Information for Applicants with a Design Flow ≥ 100,000 gallons per day (0.10 MGD).
- ❑ Part C. Certification for All Applicants.

Supplemental Application Information packet Check all that apply

- ❑ Part D. Expanded Effluent Testing Data.
- ❑ Part E. Toxicity Testing Data.
- ❑ Part F. Industrial User Discharges and RCRA/CERCLA Wastes.
- ❑ Part G. Combined Sewer Systems

CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

PRINTED NAME AND TITLE:	
SIGNATURE:	DATE:
TELEPHONE NO.	EMAIL:

Return completed application form and attachments to:
Division of Water
Surface Water Permits Branch
300 Sower Boulevard, 3rd Floor
Frankfort, KY 40601

Direct questions to: Surface Water Permits Branch at (502) 564-3410.

END OF BASIC APPLICATION PACKET.

Proceed to Supplemental Application Information packet.
Refer to the general overview on Page 1 or the instructions to determine which parts of Supplemental Application Information packet (Parts D, E, F, and G) you must complete.

SUPPLEMENTAL APPLICATION INFORMATION PACKET

PART D

EXPANDED EFFLUENT TESTING DATA

EXPANDED EFFLUENT TESTING DATA FOR APPLICANTS WITH DESIGN FLOW GREATER THAN OR EQUAL TO 1.0 MILLION GALLONS PER DAY (1 MGD) OR PRETREATMENT TREATMENT WORKS

If the treatment works has a design flow greater than or equal to 1.0 MGD or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants.

Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Complete once for each outfall discharging effluent to waters of the Commonwealth

All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.

At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form.

Do not include information on combined sewer overflows in this section.

OUTFALL NUMBER ____

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML With Units
Total Recoverable Metals, Cyanide, Phenols, Hardness, and Chlorida	**Conc.**	**Units**	**Mass**	**Units**	**Conc.**	**Units**	**Mass**	**Units**	**No. of Samples**		
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS $CaCO_3$)											
CHLORIDE											
Use this space or a separate sheet to provide information on other metals requested by the permit writer.											

OUTFALL NUMBER (continued) _____

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML With Units
Volatile Organic Compounds.	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	No. of Samples		
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											
Use this space or a separate sheet to provide information on other volatile organic compounds requested by the permit writer.											

OUTFALL NUMBER (continued) ____

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML With Units
Acid Extractable Compounds	**Conc.**	**Units**	**Mass**	**Units**	**Conc.**	**Units**	**Mass**	**Units**	**No. of Samples**		
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											
Use this space or a separate sheet to provide information on other acid-extractable compounds requested by the permit writer.											

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML With Units
Base Neutral Compounds	**Conc.**	**Units**	**Mass**	**Units**	**Conc.**	**Units**	**Mass**	**Units**	**No. of Samples**		
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											
3,4 BENZO-FLUORANTHENE											
BENZO(GHI)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLOROBENZENE											
1,3-DICHLOROBENZENE											
1,4-DICHLOROBENZENE											
3,3-DICHLOROBENZIDINE											

DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											
1,2-DIPHENYLHYDRAZINE											
1,2-DICHLOROBENZENE											
FLUORANTHENE											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROBUTADIENE											
HEXACHLOROCYCLO-PENTADIENE											
HEXACHLOROETHANE											
INDENO(1,2,3-CD)PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI- METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											
Use this space or a separate sheet to provide information on other base-neutral compounds requested by the permit writer.											
Use this space or a separate sheet to provide information on other pollutants (e.g., pesticides) requested by the permit writer.											

END OF PART D.

Refer to the application information overview on Page 1 to determine which other parts of Form A you must complete.

SUPPLEMENTAL APPLICATION INFORMATION PACKET

PART E

TOXICITY TESTING DATA

TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points:

1) POTWs with a design flow rate greater than or equal to 1.0 MGD;

2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or

3) POTWs required by the permitting authority to submit data for these parameters.

At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution.

All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.

If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted

If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.2 for previously submitted information.

If no biomonitoring data is required, do not complete Part E. Refer to the application overview for directions on which other sections of the form to complete.

Do not include information on combined sewer overflows in this section.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

Chronic

Acute

E.2. Summary of Submitted Biomonitoring Test Information.

If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results

Date submitted (MM/DD/YYYY)

Summary of results: (see instructions)

E.3. Toxicity Reduction Evaluation

Is the treatment works involved in a Toxicity Reduction Evaluation? Yes ❑ No ❑

If Yes, describe.

E.4. Individual Test Data.

Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years.

Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	Test number:	Test number:	Test number:
a. Test Information.			
Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give the toxicity test methods followed.			
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite			
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection			
After dechlorination			
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			

	Test number:	Test number:	Test number:
h. List the source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. List the type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
k. For each parameter measured during the test, state whether the parameter meets test method specifications.			
pH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC50			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			
Chronic:			
NOEC	%	%	%
IC25	%	%	%
Control percent survival	%	%	%
Other (describe)			

	Test number:	Test number:	Test number:
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Was reference toxicant test within acceptable bounds?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

END OF PART E.
Refer to the application information overview on Page 1 to determine which other parts of Form A you must complete.

SUPPLEMENTAL APPLICATION INFORMATION

PART F

INDUSTRIAL USER DISCHARGES

INDUSTRIAL USER DISCHARGES

All treatment works receiving discharges from significant industrial users must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program.

Does the treatment works have, or is it subject to, an approved pretreatment program? ☐ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).

Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs.

b. Number of CIUs.

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information.

Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name:	
Mailing Address:	
City, State, Zip	

F.4. Industrial Processes.

Describe all of the industrial processes that affect or contribute to the SIU's discharge.

F.5. Principal Product(s) and Raw Material(s).

Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s):	
Raw material(s):	

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd ☐ continuous or ☐ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd ☐ continuous or ☐ intermittent

F.7. Pretreatment Standards.

Indicate whether the SIU is subject to the following:

a. Local limits ☐ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☐ No If yes, describe below.

If subject to categorical pretreatment standards, which category and subcategory?

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU.

Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☐ No If yes, describe each episode.

END OF PART F.
Refer to the application information overview on Page 1 to determine which other parts of Form A you must complete.

SUPPLEMENTAL APPLICATION INFORMATION

PART G

COMBINED SEWER SYSTEMS

COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map

Provide a map indicating the following: (may be included with Basic Application Information)

a.	All Combined Sewer System Overflow (CSO) discharge points.
b.	Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
c.	Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram

Provide a diagram, either on the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a.	Locations of major sewer trunk lines, both combined and separate sanitary
b.	Locations of points where separate sanitary sewers feed into the combined sewer system.
c.	Locations of in-line and off-line storage structures.
d.	Locations of flow-regulating devices.
e.	Locations of pump stations.

G.3. CSO Outfalls

Complete question G.3 through G.5, once <u>for each CSO discharge point</u>.

a.	Outfall Number:		
b.	Outfall Location (City)		
c.	Outfall Latitude (Decimal Degrees):	Outfall Longitude (Decimal Degrees):	
d.	Which of the following were monitored during the last year for this CSO? :		
	i. Rainfall	☐ Yes	☐ No
	ii. CSO flow volume	☐ Yes	☐ No
	iii. CSO pollutant concentrations:	☐ Yes	☐ No
	iv. Receiving water quality	☐ Yes	☐ No
	v. CSO frequency	☐ Yes	☐ No
e.	How many storm events were monitored during the last year?		

G.4. CSO Events Complete question G.3 through G.5, once for each CSO discharge point.			
a.	Give the number of CSO event in the last year.	☐ Actual	☐ Approximate
b.	Give the average duration per CSO event in hours.	hours ☐ Actual	hours ☐ Approximate
c.	Give the average volume per CSO event in million gallons	MG ☐ Actual	MG ☐ Approximate
d.	Give the minimum rainfall that caused a CSO event in the last year.	inches of rainfall	

G.5. CSO Operations Complete question G.3 through G.5, once for each CSO discharge point.
Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

END OF PART G.
Refer to the application information overview on Page 1 to determine which other parts of Form A you must complete.